



2015 Shared CHNA: Summary of Findings from Surveillance Data & Stakeholders Survey

Table 22. Priority Health Issue Successes and Challenges for Lincoln County-Surveillance Data

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> Lincoln County has fewer adults who rate their health fair to poor compared to the state [LIN=12.5%; ME=15.6%]* Lincoln fares better than the state on a number of respiratory health related indicators, including: <ul style="list-style-type: none"> Low asthma emergency department visits per 10,000 population [LIN=49.3; ME=67.3]* Low COPD hospitalizations per 100,000 population [LIN=175.5; ME=216.3] Fewer adults with current asthma [LIN=8.3%; ME=11.7%]* Fewer youth (0-17) with current asthma [LIN=3.1%; ME=9.1%]* Low pneumonia emergency department rate per 100,000 population [LIN=581.1; ME=719.9]* Low pneumonia hospitalizations per 100,000 population [LIN=209.1; ME=329.4]* Lincoln fares better than the state on several of cancer related indicators, including: <ul style="list-style-type: none"> Low all cancers incidence per 100,000 population [LIN=449.5; ME=500.1]* Low female breast cancer mortality per 100,000 population [LIN=14.2; ME=20.0] Low breast cancer late-stage incidence (females only) per 100,000 population [LIN=31.7; ME=41.6] Low colorectal cancer mortality per 100,000 population [LIN=13.1; ME=16.1] and incidence [LIN=34.5; ME=43.5] Low colorectal late-stage incidence per 100,000 population [LIN=16.2; ME=22.7] Low lung cancer mortality per 100,000 population [LIN=45.0; ME=54.3] and 	<ul style="list-style-type: none"> Lincoln has a high bladder cancer incidence per 100,000 population [LIN=28.8; U.S.=20.2] Higher hypertension prevalence than the state [LIN=37.9%; ME=32.8%] as well as higher pre-diabetes prevalence [LIN=9.2%; ME=6.9%] More children with confirmed elevated blood lead levels (% among those screened) [LIN=4.5%; ME=2.5%]* High Lyme disease incidence per 100,000 population [LIN=240.0; ME=105.3] High pertussis incidence per 100,000 population [LIN=58.5; ME=41.9] Lincoln also has high rates for: <ul style="list-style-type: none"> Firearm deaths [LIN=13.2; ME=9.2] Reported rape [LIN=67.3; ME=27.0] and Suicide deaths [LIN=20.3; ME=15.2] High traumatic brain injury related emergency department visits (all intents) per 10,000 population [LIN=110.7; ME=81.4]* High unintentional fall related injury emergency department visits per 10,000 population [LIN=396.5; ME=361.3]* High alcohol-induced mortality per 100,000 population [LIN=10.8; ME=8.0] More chronic heavy drinking (Adults) [LIN=8.6%; ME=7.3%] More drug-affected baby referrals received as a percentage of all live births [LIN=10.7%; ME=7.8%] More past-30-day marijuana use (Adults) [LIN=9.4%; ME=8.2%] More past-30-day nonmedical use of prescription drugs (Adult) [LIN=1.6%;

Health Issues - Surveillance Data

Health Successes	Health Challenges
<p>incidence [LIN=54.0; ME=75.5]*</p> <ul style="list-style-type: none"> • Low prostate cancer mortality per 100,000 population [LIN=18.7; ME=22.1] • Low acute myocardial infarction hospitalizations per 10,000 population [LIN=18.8; ME=23.5]* • Low acute myocardial infarction mortality per 100,000 population [LIN=23.7; ME=32.2]* • Low stroke hospitalizations per 10,000 population [LIN=18.0; ME=20.8]* • Low diabetes emergency department visits (principal diagnosis) per 100,000 population [LIN=168.2; ME=235.9]* • Low diabetes mortality (underlying cause) per 100,000 population [LIN=12.4; ME=20.8]* • Lower children with unconfirmed elevated blood lead levels (% among those screened) [LIN=2.0%; ME=4.2%]* • Lincoln County has low incidence rates for: <ul style="list-style-type: none"> • Past or present hepatitis C virus (HCV) [LIN=73.2; ME=107.1] • Newly reported chronic hepatitis B virus (HBV) [LIN=2.9; ME=8.1] • Chlamydia [LIN=187.3; ME=265.5] and • HIV [LIN=0.0; ME=4.4] • Low violent crime rate per 100,000 population [LIN=122.9; U.S.=367.9] • Low unintentional and undetermined intent poisoning deaths per 100,000 population [LIN=9.4; ME=11.1] • Low unintentional fall related deaths per 100,000 population [LIN=5.7; ME=6.8] • Lower adults who have ever had anxiety [LIN=16.0%; ME=19.4%] • Lincoln has fewer adults with current symptoms of depression [LIN=8.1%; ME=10.0%] • Low mental health emergency department rates per 100,000 population [LIN=1,461.0; ME=1,972.1]* • Low infant deaths per 1,000 live births [LIN=3.4; ME=6.0] • Lincoln fares well on several of alcohol and 	<p>ME=1.1%]</p> <ul style="list-style-type: none"> • High prescription Monitoring Program opioid prescriptions (days supply/pop) [LIN=8.2; ME=6.8]

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<p>substance use related indicators, including:</p> <ul style="list-style-type: none"> • Lower binge drinking of alcoholic beverages (High School Students) [LIN=12.5%; ME=14.8%] • Low emergency medical service overdose response per 100,000 population [LIN=263.4; ME=391.5] • Low opiate poisoning (ED visits) per 100,000 population [LIN=16.5; ME=25.1] • Low opiate poisoning (hospitalizations) per 100,000 population [LIN=9.4; ME=13.2] • Lower past-30-day alcohol use (High School Students) [LIN=24.9%; U.S.=34.9%] • Lower past-30-day nonmedical use of prescription drugs (High School Students) [LIN=4.1%; ME=5.6%]* 	

Asterisk (*) indicates a statistically significant difference between Lincoln County and Maine
 All rates are per 100,000 population unless otherwise noted

Table 23. Priority Health Issue Challenges and Resources for Lincoln County-Stakeholder Survey Responses

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Lincoln County according to stakeholders (<i>% of those rating issue as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> • Drug and alcohol abuse (71%) • Obesity (66%) • Physical activity and nutrition (65%) • Tobacco use (61%) • Mental health (59%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Drug and alcohol abuse: Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost treatments for the uninsured; more substance abuse treatment providers; additional therapeutic programs • Obesity/Physical activity and nutrition: Greater access to affordable and healthy food; more programs that support low income families • Mental health: More mental health professionals; more community-based services; better funding and support; greater access to inpatient care; readily available information about resources; transitional programs

¹ Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.

	<p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Obesity/Physical activity and nutrition: Public gyms; farmers markets; Maine SNAP-ED Program; school nutrition programs; public walking and biking trails; Healthy Maine Partnerships; Let’s Go! 5-2-1-0 • Mental health: Mental health/counseling providers and programs
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Table 24. Priority Health Factor Strengths and Challenges for Lincoln County- Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Fewer adults aged 65+ living alone [LIN=34.3%; ME=41.2%] • More adults with a usual primary care provider [LIN=93.6%; ME=87.7%]* • Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [LIN=10.4%; U.S.=15.3%] • More adults immunized annually for influenza [LIN=47.0%; ME=41.5%]* • Fewer immunization exemptions among kindergarteners for philosophical reasons [LIN=2.5%; ME=3.7%] • Less vegetable consumption among Adults 18+ (less than one serving per day) [LIN=11.6%; ME=17.9%] • Less obesity among adults [LIN=22.4%; ME=28.9%] • Low current cigarette smoking rate among adults [LIN=12.5%; ME=20.2%]* • Low current tobacco use (High School Students) [LIN=16.7%; U.S.=22.4%] 	<ul style="list-style-type: none"> • Fewer homes with private wells tested for arsenic [LIN=31.8%; ME=43.3%]* • Fewer lead screening among children age 12-23 months [LIN=31.4%; ME=49.2%]* • Fewer lead screening among children age 24-35 months [LIN=10.2%; ME=27.6%]* • Fewer two-year-olds up to date with “Series of Seven Immunizations” 4-3-1-3-3-1-4 [LIN=63.0%; ME=75.0%]

Asterisk () indicates a statistically significant difference between Lincoln County and Maine
All rates are per 100,000 population unless otherwise noted*

Table 25. Priority Health Factor Challenges and Resources for Lincoln County-Stakeholder Responses

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Lincoln County according to stakeholders</p> <p><i>(% of those rating factor as a major or critical problem in their area).</i></p> <ul style="list-style-type: none"> • Access to behavioral Care/mental health care (81%) • Poverty (73%) • Transportation (72%) • Food security (60%) • Health care insurance (55%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Access to behavioral care/mental health care: Better access to behavioral/mental health care for the uninsured; full behavioral/mental health integration at hospital and primary care levels; expand behavioral/mental health agencies to more rural areas; more hospital beds for mentally ill patients • Poverty: Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • Transportation: More/better transportation systems; better access to public transportation; additional funding for organizations that help with rides to medical appointments; additional resources for transportation for the elderly and disabled • Food security: Access to free or reduced meals; Greater access to healthy food and locally grown food; Greater support for food pantries • Health care insurance: Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Access to behavioral care/mental health care: Behavioral/mental health agencies • Poverty: General Assistance; other federal, state and local programs • Food security: Local food sources (farms; fisheries; etc.); Farmers markets; Food pantries; SNAP; Local churches; Backpack for hungry kids programs • Health care insurance: MaineCare; ObamaCare (Affordable Care Act); Free care

² Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.